重庆市事业单位岗位使用申请表

填报单位（盖章）： 单位负责人： 经办人： 联系电话： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 单位 | | 类别 | | |  | | | | | | | | | 专业技术人员 | | | | | | | | | | | | | | | 工勤技能人员 | | | | | |
| 层级项目 数量 | | | 三级 | 四级 | 五级 | 六级 | 七级 | 八级 | | 九级 | 十级 | 三级 | | | 四级 | 五级 | 六级 | 七级 | | 八级 | 九级 | 十级 | | 十一级 | 十二级 | 十三级 | 二级 | | 三级 | 四级 | 五级 | 普工 |
|  | | 岗位设置数 | | |  |  |  |  |  |  | |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 现聘人员数 | | |  |  |  |  |  |  | |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 上年岗位减员数 | | |  |  |  |  |  |  | |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 余缺岗位数 | | |  |  |  |  |  |  | |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 拟竞争人数 | | |  |  |  |  |  |  | |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 拟使用岗位数 | | |  |  |  |  |  |  | |  |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 使用理由： | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 减员人员岗位基本情况表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 性别 | 出生年月 | | | 人员类别 | | | | 原聘岗位等级 | | | | | 减员原因 | | | | | 减员时间 | | | | 减员依据及文号 | | | | | 备注 | | | | | |
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| 主管部门意见：  经办人： 单位负责人： （盖 章）  年 月 日 | | | | | | | | | | | | | | | 县人力社保局意见：  经办人： 单位负责人： （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | | | |

注：1.本表一式三份，填报单位、主管部门和人事部门各一份；2.减员原因为退休、死亡、晋升、调动（在备注栏注明去向）、其它（需说明）；3.余缺岗位数=岗位设置数-现聘人员数（指申请缺岗竞聘前单位备案表聘用数）+上年岗位减员数